



Flathead City-County Board of Health
1035 First Ave. West Kalispell, MT 59901
(406) 751-8101 FAX 751-8102
flathead.mt.gov/ems

FCEMS Advisory Committee

Meeting Minutes of September 29, 2008

5:30 – 8:20 pm

Health Department Conference Room – Earl Bennett Building

Attendees:

Rob Bates	FCEMS Medical Director
Art Bielz	Representing BLS Non-Transporting Units
Marty Boehm	FCEMS
Brian Rauch	Representing ALS Transport Units
Scott Alexander	Representing ALS Transport Units
Jon Campbell	Representing ALS Transport Units
Neil Heino	ALERT
Gary Mahugh	Representing BLS Non-Transporting Units
Bill Tidwell	Representing BLS Non-Transporting Units
Mary Granger	Representing BLS Transport Units
Wayne Miller	Board of Health
Mark Peck	911 Project Director
Mike Rensmon	Representing ALS Transport Units (Alternate for Lance Westgard)
Joe Russell	Chairman
Lela Sistok	Representing BLS Non-Transporting Units
Ken McFadden	NVH Offline Medical Director
Kim Vierra-Diehl	West Valley Fire & Rescue
James Brower	Marion Fire & Rescue
Linda Boe	911 Dispatch/FSCO
Robyn Redpath	911/FCSO
Clayton Morigeau	West Valley Fire & Rescue
Wendy Stefaniak	Badrock Fire & QRU
James Boyce	Evergreen Fire
Scott Rossman	West Valley Fire & Rescue

It is the mission of the Flathead City-County Health Department to assure the conditions in which people can be healthy through collaboration, education, promoting stewardship of our resources, and providing preventative health services to our community.

Russ Sappington	West Valley Fire & Rescue
Walter Tabb	Coram/West Glacier Fire
Tracy Norred	Bigfork Ambulance
Rod Dresbach	West Valley Fire & Rescue
Kathleen Mayer	FCEMS

Meeting Minutes

Paramedic Position (Joe Russell)

Joe Russell opened up the meeting with the revised Paramedic Position. This person will help to facilitate with medical direction and it was met with reservation. Dr. Miller said that he was surprised to hear these reservations since this position was wanted. Secondly, we have a set of regulations now and the person in this position can check to make sure that we're in compliance with those regulations. Thirdly, from what he heard, we're doing a poor job of chart review and info isn't being shared with others so that all of us can learn from our mistakes. This individual can ensure quality assurance/maintenance. This individual will be looking for issues in the system county-wide, trying to bring it together as a single system that has a common standard with common goals.

Mark Peck said that everyone assumed that Marty was going to do it but it was never part of his position. EMS is huge and we don't have a designated person that can act as the liaison. It's hard to pin down what this position can do but he thought that we'd be amazed at what it can do when it is in place. This is the coordination point for what this group decides.

Dr. Bates added that we need to develop a system to implement the policies that this group comes up with; a person to help with run reviews and make sure that they're getting done every three months. Marty interjected that we need this position to help standardize a mentoring program for new medics in the valley. This person can help with this situation. It's long overdue. Dr. Miller agreed and stated that our current system is fragmented, and this person can help bring it all together. Dr. Bates agreed as well saying that this person can call the ER doctors and get them to work on the run reviews rather than have Dr. Bates remind them.

Bill Tidwell commented that the bar has been set pretty high for this person. How are you going to attract a quality person on a part time salary? McFadden responded by saying that he saw it as an opportunity for a paramedic that worked in a system elsewhere and wanted to retire here. Joe said that we just have to look and see what is out there. We won't just hire anyone. Mary Granger asked if a full time paramedic could keep their license up if they were to work this position as well. Kalispell Fire said, if we post it at KFD, it might generate some interest. Joe indicated that he wanted to move on. If you have any changes, let me know. He thought that it was appropriate to find a part -time person. If we can't find someone the first time, we'll post it again until we find someone qualified.

Dr. Bates added that he went through all of the units last year and wrote down what he thought that they needed in run reviews. West Valley 4, Kalispell 11, Three Rivers 6, ALERT 11, and just added those numbers up. Some of the smaller units should get run reviews as well – maybe jointly. Maybe West Valley can do theirs with Kalispell. That decreases the number of sites right there and he can match those numbers with ER docs and

nurse /paramedics. He could probably get the ER doc's to go out twice a year. Talking about that position, it would be nice to call that person to go do a run review. As the medical director, he can't do all of that and so this paramedic position could possibly facilitate it. Bill Tidwell interjected that urban experience might be something preferred when advertising this position.

Rod Dresbach asked if the first mill pays the contractors used for the continuing education classes as well as Marty's salary. Joe's response was all contractors must go through Express Professionals. Marty's position hasn't changed. Joe apologized for the lack of discussion in this area and indicated that the Board had been discussing it. Marty has been an independent contractor for us since 2001. It didn't get a lot of fanfare until it hit the Commissioner's. Marty's duties haven't changed. This position is in addition to Marty's position. It will be paid out of the first mill. All of the employment status is coming out of the first mill – Rob's, Marty's, the support person, and the new paramedic position. In addition, the new procedure for contractor's to go through the temp agency was necessary for insurance reasons. I hope that doesn't discourage you from helping Marty provide education to the EMS world. Mary Granger interjected that it was not that difficult a procedure to fill out the application with Express Professionals. You just need two pieces of identification. Before we closed this subject, Gary Mahugh wanted to see a flowchart of the EMS roles in this County at the next meeting, showing that it's a horizontal system not a hierarchy.

Funding Priorities (Joe Russell)

Joe said that we're not going to forget that you received the other two mills. We're just supposed to be good stewards to compile the benefits. Mary Granger asked, wasn't part of the funding supposed to help maintain the service? Joe agreed, stating that special need requests for ambulances are to help support and enhance the service. So Mary G. wanted to know if the money allocated to their unit was ours to decide what to do with? Joe said we need to first look at population shifts and re-evaluate distribution. Dr. Miller said, basing on needs is important but we won't forget the funds allocated to the units. We are a "County-based" EMS system.

Mary Granger asked if their money was being taken away. Where's our control or input on allocations? Lela wanted to know if it was still going into County Funds. Joe said yes, previously the Finance Department messed up and put money in funds as a revenue line item so it was counted twice. Rod Dresbach said so that's why you're making budget amendments. Lela Sistok wanted to know how easy it would be to get funding approval. Lela commented that we still don't have access to our funds. You've just added one more layer to accessing the money. Joe's reply was that the special fund only takes 1% off of the top of every one's fund for special needs and lets the unit have the rest. We went to you with model of population based service which the previous OES director did not support. Lakeside non-transport gets 36,000 whereas Bigfork transport only gets 16,000. Smith Valley another non- transport gets mucho money. We need to work through these inherent problems. It just takes time. Rod D. asked why is it that we have to add one more step to the system. Now there's a special funding application for our own money? We need to establish a basic disposable budget and then have a capital item budget by special request.

Joe responded by saying that the whole picture wasn't being seen. We need to make a spreadsheet with disposables, durables, and capital that will go along with this application.

We just haven't finished it. Then you will see how the current system is being tweaked. Lela asked if tax payers knew about the tweaking. A guest in the back of the room interjected, we voted it in; why all the hassle? Wayne responded to the guest by reading the ballot for clarification that it was not stipulated how the funds would be dispersed. Bates brought up the runs-based vs. population-based distribution topic. Gary Mahugh responded, it was going to be based on level of service and ended up being based on population. We realize that everything has to be accounted for by the Commissioners. We just want reassurance that we won't get jilted out of our money. Joe commented, if you don't think that you're going to get funded for your capital request, call Dr. Bates, Marty, the new paramedic position, or myself and discuss it with us.

A motion was made to table the application for special funds until the next meeting when there is more info.

Scholarship (Marty Boehm)

Marty passed out the rough draft of the scholarship application for everyone to review. He discussed the need to make a scholarship committee with people from the advisory committee to allocate the funds. Where was the money coming from, was Mary G's question. Marty responded by saying that it would come from a small percentage of the mill levies. Kalispell Fire wanted to know how that would affect EMT-Basics or EMT-Intermediates. Why just education for Paramedic's? Marty commented that this scholarship idea came up several times in the visioning process. Art Bielez wanted to know if the Health Dept had considered doing a paramedic class. Marty replied, that it was just too expensive and that we couldn't compete with the college on the paramedic education. We just didn't have the retention. Two years ago, Jim Neal did a survey and 25% of paramedics are still working after 2 years.

911 & Levy Update (Mark Peck)

Mark Peck said that the Bond issue was on the ballot again. Public doesn't know what the project is? Don't know if it's misinformation or non-information. 911 jumps out because of the 6.2 million for new building. People need to understand that this is a consolidation and reorganization project. There will be 4 dispatch centers and the offices of emergency services blending into one office.

Communications is a major player. We're bringing command function into the center so we need good communication. Who pays? The federal government and county are funding it, not us. \$530,000 in grant money – for new equipment to the site, the radio system \$300,000, to take advantage of telephone system, building 3.5 million., \$125,000 for the tower and microwave setups, furniture, etc. Basically, it costs money but we have to invest in our future. Projected increase in calls – 32,000 in 2005, 50,000 in 2007, 100,000 projected in 2009. All 4 centers -100,000 , projected 101,000. On the national level, we're on the upper end of the medium size dispatch center; almost a large size. We need the public support.

New EMD (Emergency Medical Dispatch) Protocols – overview of call process. It prioritizes incoming calls using a touch screen/ mouse operation. Instead of alpha /echo – it will go strictly to ALS or BLS. Both ALS/BLS units respond, but ALS will tell BLS to default –using hi – med- low priority codes. Ex: Stroke, CVA – ALS and BLS dispatch

nearest resource. Dr. Bates said that it explained hi-med-low in depth. And that the paramedic position could be the point person for questions regarding these classifications. Mark Peck commented that the beauty of this, is that it can be reviewed and changed. We can't change the current system at all. In this system the critical actions are off to the side of the page on the new system. We are able to write our own protocols and put them in to the system after an approval process. For example, there's a list of primary symptoms. After the questions are answered, the program indicates whether ALS or BLS will go. There are cutoffs to the questions that lead you to ALS or BLS.

A motion was called and recommended adoption of EMD system. Motion was passed. It was decided that any changes can be referred to Marty, Dr. Bates, or Mark. Mark suggested that a training class can go to the units or they can come to 911 and watch the video.

Medical Director Updates (Dr. Rob Bates)

CPAC – approved at EMT level. Use with lung disease, pulmonary edema, heart failure. The use of it will probably start with bigger sources and trickle down to the other units. Tourniquet is back probably due to warfare advance trauma care. Q I – medical assistant along with the medical director can make a list of run reviews. Figure out who can do it. Then offer it to the units that need it.

Patient Reporting (Neil Heino)

The state form clearly indicates that there must be a verbal and written report left at the ER when dropping off a patient. The Western Region: 78% gets to the ER, 23% never makes it. They looked for common denominator in this statistic. There isn't one. Actually there are more problems with the computer generated forms than with the handwritten. Computer generated ones are less likely to get to us because the EMT's go do it at their QRU/Fire stations and it never gets back to the ER. Flathead County is doing worse than the entire state of Montana.

1. Short forms aren't much better. Need short forms from First Responders too. It's a standard asked by the State BOME.
2. Plus the long form later, via fax.

It enables us to track your unit's performance. I don't know if it's an issue of protocol, information, or resistance. Need to work on it.

Group Purchasing & Treatment Protocols (Wayne Miller)

Group Purchasing - Average spending equals approximately \$160,000 a year on disposables. He thinks that's enough to move forward with the group purchasing program. He will check and get an estimate from Volunteer Hospitals of America (VHA). The Health Department will be the subordinate member under KRMC. We can receive very good discount.

Treatment Protocols – Whitefish was 95% compliant with a few changes. Kalispell was also modified. Overall majority of units were using the standard protocols for the state of Montana.

Russ Sappington – brought up the accountability issues with the purchasing program. Is there a way to set it up through Health Dept so billing goes through the Dept not the units and we could just get a notice if we've spent too much of our allotment? Joe's response was that it was something that we could look into in the future.

New Policies Suggestions

- Cancellation of ALS Policy? Cancellation of ALERT policies? Who gets to do it? When?
- Brand new policy suggestion by Rod Dresbach. **District areas vs. response area.** Who pays when fire service area is incorporated into County EMS Service? Called for transports for EMS. Who do we bill? You don't bill the patient. Do we bill the County? Fire service to EMS response bordered West Valley because they are in the county.

Mark Peck said for example, that a call to fly to Mariah's Pass with Alert is difficult for tiny departments. They don't have the funding to support that distance. They're going way out of their district as QRU non-transporting unit. Who pays for the fuel and supplies? Previously, West Glacier billed OES and Mark paid. It's a fire service area not EMS but you're required to run out there without reimbursement for mileage. Usually rescue MVA, HA, MI, etc. so we do need to make a policy to cover this issue. What's the policy on EMS calls to fire areas because of price?

Tracy Norred interjected that a Non- Transport Unit can bill. You just have to separate ALS and transport. ALERT transports – Bigfork transports to ALERT and now we charge for ALS, and ALERT gets paid too. Non –transport can bill for one mile at half the cost BLS/ALS. For example, diabetic case – medical control okay not to transport.

Tracy suggested that a call to medical billing place in Missoula would probably clear up the billing questions.

Joe wanted to know how often it was happening. Can we bill ALERT? Aren't you there so they can land safely? We'll discuss this more in depth later as we're over our time now.

Meeting was adjourned at 8:20pm.